											-		٠
		<i>:</i>		Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION REC								C.	09	93	JO 37	76	•
•		CLAIMS A	S FILED - PART I (Column 1) (Column 2)					SMALLENTITY OTHER THAN TYPE OR SMALLENTITY					
T	OTAL CLAIMS	3	1. 1190					- PATE	FÉE	٦.	RATE	FEE	-
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OF	BASIC FE	770.00	_
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9=		OF	XS18=		
INI	DEPENDENT C	CLAIMS	minus 3 =		•			X43=	1	OR	Voc		_
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=	 	OR			_
• 11	the difference	e in column 1 is	less than zero, enter "0"			column 2		TOTAL	 -	→ ```	TOTAL	 	┥
•	CLAIMS AS AMENDED - PART II								· L	104		THAN	4
<u>_</u>	19.06	(Column 1)	(Column 2			(Column 3)	_	SMALL	ENTITY	OR		ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT :		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 15	Minus	- 2	()	=·		X\$ 9=	· · · · · · · · · · · · · · · · · · ·	OR	_X\$18=	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	Independent	• 7	Minus'	i	3	= ,		X43=		OR	X86=		1
	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	LTIPLE DEPENDENT CLA			۱ ۰	+145=		OR	+290=		1
			· .				L	TOTAL			TOTAL ADDIT, FEE		1
/0-3-0G (Column 1) (Column 2) (Column 2)								VDDIT. FEE			AUUII. PEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total '	· 15	Minus	- 2) _	=		X\$.9=.		OR	X\$18=		
	Independent	• 7	Minus	 7	<u>. </u>	E .		X43=	• .	OR	X86=		l
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=.		on	+290=	· · · · · · · · · · · · · · · · · · ·	l
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(Column 1): (Column 2) (Column 3)										;	VOOIT. FEEL	20 0 1 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1
AMENDMENT C	S desired	CLAIMS REMAINING AFTER A*-ENDMENT		HIGHE NUMBE PREVIOU PAID FI	st Er Isly	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		PATE"	ADDI- TIONAL FEE	-
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ME			Minus	<u></u>		Ε		X43=_		OR-	X86=		
-	SIDST DRESENTATION OF MILITIDI E DEDENDENT CLAIM									~			•

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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OR

+290=

+145=